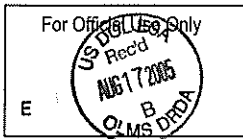


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11407</u>	2. Fiscal Year Covered From: <div>1 / 1 / 2004 Through: 12 / 31 / 2004</div>
3. Name and address of person filing. Name <u>Stephen</u> <u>Melish</u> P.O. Box, Bldg., Room No., if any Street <u>44 Picture Lane</u> City <u>Hicksville</u> State <u>New York</u> ZIP Code + 4 <u>11801</u>	4. Name, file number, and address of labor organization. Name <u>I.U.P.A.T. District Council No. 9 AFL-CIO</u> Labor Organization File Number <u>006-770</u> P.O. Box, Building and Room Number, if any Street <u>45 West 14th Street</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10011-7419</u>
5. Position in labor organization. <u>President - Local Union 1969</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <u>None.</u> 7.b. Amount. <u>\$0</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8-11-05</u> Date	<u>516 520-5392</u> Telephone Number

Name of Person Filing <b>Stephen Melish</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>AFLAC-NY Insurance Company</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>99-08 Metropolitan Avenue</b></p> <p>City <b>Flushing</b></p> <p>State <b>New York</b> ZIP Code + 4 <b>11375</b></p>	<p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>11.a. Nature of such dealing.</b></p> <p>None.</p>
	<p><b>11.b. Approximate dollar value of such dealing.</b> \$0</p>
	<p><b>12.a. Nature of interest held or income received.</b></p> <p>Lunch meeting with insurance carrier.</p>
	<p><b>12.b. Amount.</b> \$40</p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>14.a. Nature of payment.</b></p> <p>None.</p>
<p><b>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</b></p>	<p><b>14.b. Amount of payment.</b> \$0</p>

Name of Person Filing Stephen Melish

File Number U-

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name General Vision Services LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 9th Floor

Street 520 Eighth Avenue

City New York

State New York ZIP Code + 4 10018

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painting Industry Insurance Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 45 West 14th Street

City New York

State New York ZIP Code + 4 10011

## 11.a. Nature of such dealing.

Amounts paid to optical benefit provider for the calendar year 2004.

## 11.b. Approximate dollar value of such dealing.

\$331,160

## 12.a. Nature of interest held or income received.

Holiday Gift

## 12.b. Amount.

\$50

## Part B Continuation Page

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Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 45 West 14th Street

City New York

State New York ZIP Code + 4 10011

## 11.a. Nature of such dealing.

Amounts paid to optical benefit provider for the calendar year 2004.

## 11.b. Approximate dollar value of such dealing.

\$331,160

## 12.a. Nature of interest held or income received.

Attended golf outing sponsored by optical benefit provider. Approximate value of golf outing and gift.

## 12.b. Amount.

\$110

Name of Person Filing Stephen Melish

File Number U-

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Magna Care  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street 825 East Gate Boulevard  
City Garden City  
State New York ZIP Code + 4 11530

## 9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painting Industry Insurance Fund  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street 45 West 14th Street  
City New York  
State New York ZIP Code + 4 10011

## 11.a. Nature of such dealing.

None.

## 11.b. Approximate dollar value of such dealing.

\$0

## 12.a. Nature of interest held or income received.

Dinner with representatives of insurance carrier.  
Approximate value of dinner and gift.

## 12.b. Amount.

\$110

Name of Person Filing Stephen Melish

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Broach and Stulberg

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 11 Pennsylvania Plaza

City New York

State New York ZIP Code + 4 10017

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

11.a. Nature of such dealing.

Fees paid for legal services for calendar year 2004.

11.b. Approximate dollar value of such dealing.

\$70,000

12.a. Nature of interest held or income received.

Four tickets to NY Giants football game.

12.b. Amount.

\$240

Name of Person Filing Stephen Melish

File Number U-

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Brecher, Fishman, Pasternack and Poppish

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 222 Broadway

City New York

State New York

ZIP Code + 4 10038

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

None.

11.b. Approximate dollar value of such dealing.

\$0

## 12.a. Nature of interest held or income received.

Holiday Gift.

12.b. Amount.

\$25

Name of Person Filing Stephen Melish

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Koehler &amp; Isaacs, LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 29th Floor

Street 120 Broadway

City New York

State New York ZIP Code + 4 10006

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Fees paid for legal services for calendar year 2004.

11.b. Approximate dollar value of such dealing. \$149,189

## 12.a. Nature of interest held or income received.

Holiday Gift - Beer of the Month Club.

12.b. Amount. \$60